

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		3				
8		1				
9		1				
10		3				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25		4				
26		3				
27	1					
28	1					
29	1					
30		1				
31	1					
32		1				
33	1					
34	1					
35	1					
36	1					
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47	1					
48		1				
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60	1					
61		1				
62		1				
63		1				
64	1					
65		1				
66		1				
67		1				
68	1					
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76	1					
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85	1					
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93	1					
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	21	↓		↓		↓
TOTAL DEP.	129	←		←		←
TOTAL CLAIMS	150					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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